

ISSUE SLIP STAPLE AREA (for additional copy refer to page 2)

REPORT FORMATION  
CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY

Bonnerbräu

१०५०

DATE

10-10-01

卷之三

10/11/01

12-10-0

1100

### Non-elected

### ..... Interference

## INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| □ | Allowed                       | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

|    |   |
|----|---|
| 2  |   |
| 3  |   |
| 4  |   |
| 5  |   |
| 6  |   |
| 7  |   |
| 8  |   |
| 9  |   |
| 10 |   |
| 11 |   |
| 12 |   |
| 13 |   |
| 14 |   |
| 15 |   |
| 16 |   |
| 17 |   |
| 18 |   |
| 19 |   |
| 20 |   |
| 21 |   |
| 22 |   |
| 23 |   |
| 24 |   |
| 25 |   |
| 26 |   |
| 27 |   |
| 28 |   |
| 29 |   |
| 30 |   |
| 31 |   |
| 32 |   |
| 33 |   |
| 34 |   |
| 35 |   |
| 36 |   |
| 37 |   |
| 38 |   |
| 39 |   |
| 40 |   |
| 41 |   |
| 42 |   |
| 43 |   |
| 44 |   |
| 45 |   |
| 46 |   |
| 47 |   |
| 48 |   |
| 49 | / |
| 50 |   |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 51    |          |
| 52    |          |
| 53    |          |
| 54    |          |
| 55    |          |
| 56    |          |
| 57    |          |
| 58    |          |
| 59    |          |
| 60    |          |
| 61    |          |
| 62    |          |
| 63    |          |
| 64    |          |
| 65    |          |
| 66    |          |
| 67    |          |
| 68    |          |
| 69    |          |
| 70    |          |
| 71    |          |
| 72    |          |
| 73    |          |
| 74    |          |
| 75    |          |
| 76    |          |
| 77    |          |
| 78    |          |
| 79    |          |
| 80    |          |
| 81    |          |
| 82    |          |
| 83    |          |
| 84    |          |
| 85    |          |
| 86    |          |
| 87    |          |
| 88    |          |
| 89    |          |
| 90    |          |
| 91    |          |
| 92    |          |
| 93    |          |
| 94    |          |
| 95    |          |
| 96    |          |
| 97    |          |
| 98    |          |
| 99    |          |
| 100   |          |

| Claim | Document |
|-------|----------|
| 101   |          |
| 102   |          |
| 103   |          |
| 104   |          |
| 105   |          |
| 106   |          |
| 107   |          |
| 108   |          |
| 109   |          |
| 110   |          |
| 111   |          |
| 112   |          |
| 113   |          |
| 114   |          |
| 115   |          |
| 116   |          |
| 117   |          |
| 118   |          |
| 119   |          |
| 120   |          |
| 121   |          |
| 122   |          |
| 123   |          |
| 124   |          |
| 125   |          |
| 126   |          |
| 127   |          |
| 128   |          |
| 129   |          |
| 130   |          |
| 131   |          |
| 132   |          |
| 133   |          |
| 134   |          |
| 135   |          |
| 136   |          |
| 137   |          |
| 138   |          |
| 139   |          |
| 140   |          |
| 141   |          |
| 142   |          |
| 143   |          |
| 144   |          |
| 145   |          |
| 146   |          |
| 147   |          |
| 148   |          |
| 149   |          |
| 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

TE 553 NC 10/12/01

(LEFT INSIDE)